

PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 47320.0147

First Named Inventor Matthew T. Starr, et al.

COMPLETE IF KNOWN

Application Number 10/708,483

Filing Date March 5, 2004

Art Unit not yet assigned

Examiner Name not yet assigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DATA CARTRIDGE LIBRARY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

March 5, 2004

as United States Application Number or PCT International

Application Number

10/708,483

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

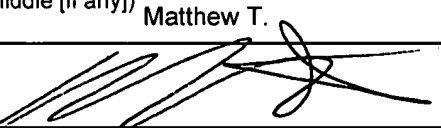
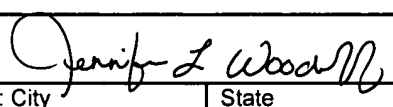
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Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Matthew T.</b>		Family Name or Surname <b>Starr</b>	
Inventor's Signature 			Date <b>3/25/04</b>
Residence: City <b>Lafayette</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>1289 Ptarmigan Court</b>			
City <b>Lafayette</b>	State <b>CO</b>	ZIP <b>80026</b>	Country <b>US</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Jennifer L.</b>		Family Name or Surname <b>Woodruff</b>	
Inventor's Signature 			Date <b>3.25.04</b>
Residence: City <b>Erie</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>1169 Allen Court</b>			
City <b>Erie</b>	State <b>CO</b>	ZIP <b>80516</b>	Country <b>US</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 1

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Clark D.		Brace	
Inventor's Signature		Date	
Residence: City Westminster	State CO	Country US	Citizenship US
Mailing Address 8411 West 95th Drive			
Mailing Address			
City Westminster	State CO	Zip 80021	Country US
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Peter J.		Kumpon	
Inventor's Signature		Date	
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Mailing Address			
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Inventor's Signature		Date	
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Name

Address

City

State

ZIP

Country

Telephone

Fax

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**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Matthew T.Family Name  
or Surname StarrInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Lafayette

CO

US

US

Mailing Address

1289 Ptarmigan Court

City

State

ZIP

Country

Lafayette

CO

80026

US

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Jennifer L.Family Name  
or Surname WoodruffInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Erie

CO

US

US

Mailing Address

1169 Allen Court

City

State

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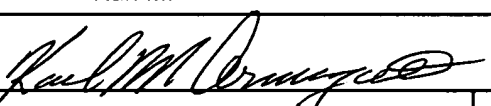
80516

US



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Inventor's Signature			Date
Residence: City <b>Lafayette</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>1289 Ptarmigan Court</b>			
City <b>Lafayette</b>	State <b>CO</b>	ZIP <b>80026</b>	Country <b>US</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Jennifer L.</b>		Family Name or Surname <b>Woodruff</b>	
Inventor's Signature			Date
Residence: City <b>Erie</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
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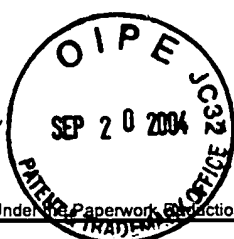
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

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City		State	
Country		ZIP	
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Matthew T.</b>		Family Name or Surname <b>Starr</b>	
Inventor's Signature			Date
Residence: City <b>Lafayette</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>1289 Ptarmigan Court</b>			
City <b>Lafayette</b>	State <b>CO</b>	ZIP <b>80026</b>	Country <b>US</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Jennifer L.</b>		Family Name or Surname <b>Woodruff</b>	
Inventor's Signature			Date
Residence: City <b>Erie</b>	State <b>CO</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>1169 Allen Court</b>			
City <b>Erie</b>	State <b>CO</b>	ZIP <b>80516</b>	Country <b>US</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Clark D.		Brace	
Inventor's Signature <i>Clark D. Brace</i>		Date <i>3/26/2004</i>	
Residence: City Westminster	State CO	Country US	Citizenship US
Mailing Address 8411 West 95th Drive			
Mailing Address			
City Westminster	State CO	Zip 80021	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter J.		Kumpon	
Inventor's Signature		Date	
Residence: City Binghamton	State NY	Country US	Citizenship US
Mailing Address 10 Stephen Drive			
Mailing Address			
City Binghamton	State NY	Zip 13905	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Karl M.		Armagost	
Inventor's Signature		Date	
Residence: City Clearwater	State FL	Country US	Citizenship US
Mailing Address 1310 Gulf Boulevard #11E			
Mailing Address			
City Clearwater	State FL	Zip 33767	Country US

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